



Mediation Request Form

Date of Request:

Agency:

Agency Point of Contact Name:

Phone:

Email:

Proposed Dates for Mediation to Occur:

Location:

Reason for Mediation (Check one and include description of the issue):

☐ Workplace Dispute:

☐ Pre-EEO Complaint:

☐ EEO Complaint:

☐ Other (Please specify):

Party #1 Name:

Relationship to Party #2:

Name of Representative (if applicable):

Party #2 Name:

Relationship to Party #1

Name of Representative (if applicable):

Please list names of additional parties who will participate in this mediation:

Parties signed the Agreement to Mediate:

YES _____

NO _____

Please email this completed form to chicagofeb@gsa.gov